2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# P05000103964

Entity Name: ROBERT A. OWEN, INC.

Current Principal Place of Business:

8335 FREEDOM CROSSING TRAIL
203
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

10010 BELLE RIVE BVD
405
JACKSONVILLE, FL 32256 US

Current Mailing Address:

POST OFFICE BOX 56665
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 81-0676375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWEN, ROBERT A
8335 FREEDOM CROSSING TRAIL
203
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

OWEN, ROBERT A
10010 BELLE RIVE BVD
405
JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/27/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: OWEN, ROBERT A
Address: 8335 FREEDOM CROSSING TRAIL, #203
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DIR ( ) Delete
Name: OWEN, ROBERT A
Address: 8335 FREEDOM CROSSING TRAIL, #203
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: SEC ( ) Delete
Name: OWEN, ROBERT A
Address: 8335 FREEDOM CROSSING TRAIL, #203
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: OWEN, ROBERT A
Address: 10010 BELLE RIVE BVD #405
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DIR (X) Change ( ) Addition
Name: OWEN, ROBERT A
Address: 10010 BELLE RIVE BVD #405
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: SEC (X) Change ( ) Addition
Name: OWEN, ROBERT A
Address: 10010 BELLE RIVE BVD #405
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A OWEN PRES 03/27/2008
Electronic Signature of Signing Officer or Director — Date